

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 09/18/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/20/2005						
		FINANCIAL PAYER: NCDMM						
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0			0	0	0
3404904	WESTERN HIGHLAN DS LME	11	526	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	259	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	867	16243	15376
		191	56	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404910	PATHWAYS	10	49	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		3404	10	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	83	2849	2761
		11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	57	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	5	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	2	64	1215	1151
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	11	8	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	8	8	0
3404916	CROSSROADS BEHA VIOAL HEAL	11	38	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		7003	12	EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S)	0	50	291	241
3404917	CENTERPOINT HUM AN SERVICES	21	94	DUPLICATE OF CLAIM-SYSTEM				
		24	7	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	0	110	123	13
		5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	300	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	200	DUPLICATE OF CLAIM-SYSTEM	112	764	12846	12082
		8931	89	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	8599	852	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	220	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TGS/DGS/MOD	111	1537	8096	6559
		21	148	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	21	309	DUPLICATE OF CLAIM-SYSTEM				
		8535	282	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	3	656	1916	1260
		5312	15	PRIOR AUTHORIZED DOLLARS EXCEE DED				
3404922	THE DURHAM CENT ER	8329	69	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		0	0		0	69	73	4
3404923	FIVE COUNTY MH	8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	7	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	34	636	602
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	11	330	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	104	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	25	610	5469	4859
		10	31	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404926	SOUTHEASTERN RE G MENTAL HL	8535	1383	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	436	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	658	3340	6658	3318
		8931	435	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404927	CUMBERLAND CO M HC	11	22	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2	24	32	8

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3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	99	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	66	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	143	262	3034	2772
		8935	31	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8599	1093	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	156	DUPLICATE OF CLAIM-SYSTEM	52	1607	9584	7977
		8621	78	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	25	CLIENT NOT ELIGIBLE ON SERVICE DATE	4	70	1874	1804
		669	4	OTHER DIAGNOSIS CODE 3 IS INVA LID				
3404934	ONSLow CARTERET BEHAV HEAL	8535	60	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	94	232	138
		143	6	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	62	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	64	265	1888	1623
		11	45	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404937	EDGEcombe NASH MNTL HLTH C	21	64	DUPLICATE OF CLAIM-SYSTEM				
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	65	66	1

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3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	13	DUPLICATE OF CLAIM-SYSTEM	0	32	547	515
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MH/DD/S AS CENTER	11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	2	2	0
3404942	ROANOKE CHOWAN UMAN SERVIC	8532	82	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
		8599	69	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	176	1303	1127
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	91	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	14	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	11	130	429	299
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	21	276	DUPLICATE OF CLAIM-SYSTEM				
		8599	61	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	27	455	3694	3239
		191	57	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404957	TIDELAND MENTAL HEALTH CTR	11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	3	3	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8931	35	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	52	121	7769	7648
		5404	17	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				